



SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

Date:

Name

Address

Company

City, State Zip

Dear:

The California Department of Health Services Environmental Health Laboratory Branch (EHLB) has notified the Children's Medical Services Branch that your facility or office has been deemed "Proficient" in blood lead testing. Our records indicate that you are currently an active CHDP Health Assessment Provider.

To reimburse you for procedure code 15 (Lead: blood lead level types) at the laboratory rate of \$22.45, it was necessary to create a **separate** and unique CHDP provider number. Your new number is **CHOXXXXX**. When submitting a claim for code 15, the service must be billed on a Confidential Screening/Billing Report (PM 160) Claim Form using the CHO provider number referenced in the previous sentence. This PM-160 is separate from the PM-160 that is used to bill for all other health assessment procedure codes using your primary health assessment number, not the CHO number.

You may begin submitting claims for your blood lead tests effective for dates of service on or after XXXXXXXXXX. Please do not submit claims for blood lead analysis until you have received the provider approval notification from Electronic Data Systems for your new CHO number. This will take approximately two-to-three weeks. Instructions for completing the PM-160 for blood lead tests can be found in the CHDP Provider Manual, Section "Confidential Screening/Billing Report (PM-160) Claim Form: Completion Instructions", (*Conf clm comp*) page 12.

Please feel free to contact Robert Cooley, Provider Services Unit – Lead Program Coordinator, at (916) 322-8720 with any questions.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch

cc: See Next Page

Name
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cc: Local CHDP Program
Regional Nurse Consultant